



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Michael Bruno, et al.

Examiner: Stephen R. Funk

Serial No.: 09/752,616

Art Unit: 2854

Filed: December 28, 2000

Docket: CH919990030US1 (16316)

For: STAMP DEVICE FOR
PRINTING A PATTERN
ON A SURFACE OF A
SUBSTRATE

Dated: January 30, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT UNDER 37 C.F.R. 1.111
Confirmation No. 9446

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Sir:

In response to the Office Action of November 13, 2003, applicants respectfully request that the following amendments be entered into this application:

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Box 1450, Alexandria, VA 22313-1450 on January 30, 2004.

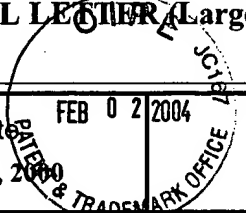
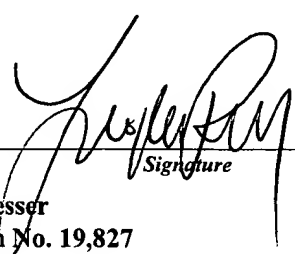
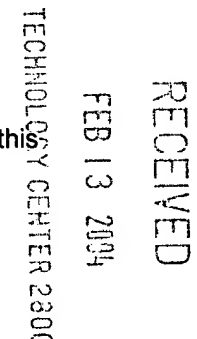
Dated: January 30, 2004

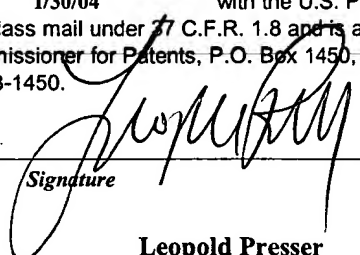

Leopold Presser

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. CH919990030US1 (16316)	
Applicant(s): Michael Bruno, et al.					
Serial No. 09/752,616	Filing Date December 28, 2000		Examiner Stephen R. Funk	Group Art Unit 2854	
Invention: STAMP DEVICE FOR PRINTING A PATTERN ON A SURFACE OF A SUBSTRATE					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	17 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="text-align: right;">  Signature Leopold Presser Registration No. 19,827 Scully, Scott, Murphy & Presser 400 Garden City Plaza Garden City, New York 11530 (516) 742-4343 </div> </div> <div style="text-align: right; margin-top: 20px;"> Dated: January 30, 2004 </div>					
					
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cc: LP:jy					

I certify that this document and fee is being deposited on **1/30/04** with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Leopold Presser
Typed or Printed Name